ey Docket No.: 5681-08000 P6369

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As a below named inventor	, I hereby declare that:			
My residence, post office ac	ddress, and citizenship are	as stated below next to m	y name.	
I believe I am the original, joint inventor (if plural names are I sought on the invention entitled specification of which:	isted below) of the subje	ect matter which is claime	d and for whic	h a patent is
	er 13, 2001 as Applica	tion Serial No. <u>10/010,7</u> 4 (if applicable).	<u>18</u>	
I hereby state that I have including the claims, as amended by			ove-identified s	specification.
I acknowledge the duty to omaterial to patentability of the subjet 1.56.				
I hereby claim foreign prapplication(s) for patent or inventor's listed below designating least one conforeign application for patent or inventories that of the application on which	s certificate listed below, country other than the United entor's certificate, or of a	or under § 365(a) of any P ted States of America, and	CT international have identifie	l application d below any
Prior Foreign Application No.	Country	Filing Date (mm/dd/yy)	Priority Claimed	Cert. copy Attached
N/A				
I hereby claim the benefit to below.	ınder 35 U.S.C. § 119(e)	of any United States prov	visional applicat	tion(s) listed
Provisional Application No.	Filing Date (mm/dd/yy)			
N/A				
I hereby claim the benefit u § 365(c) of any PCT international ap the subject matter of each of the c international application in the manned disclose all information known to application, as "materiality" is defin prior application and the national or l	plication listed below desilaims of this application er provided by the first pame to be material to the ed in 37 C.F.R. § 1.56, v	ignating the United States is not disclosed in the pragraph of 35 U.S.C. § 112 patentability of the subwhich became available be	of America, an orior United Sta 2, I acknowledgiect matter clai	d, insofar as ates or PCT e the duty to med in this
Parent Application No.	Filing Date	Parent Patent No. (if a	applicable) or St	tatus

N/A		
	(mm/dd/yy)	and the second s
Fatent Application No.	Filling Date	ratent ratent No. (If applicable) of Status

I hereby revoke any previous Powers of Attorney and appoint

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Inventor's Full Name:	Robert Byrne				<u> </u>
Inventor's Signature:	Signature: Robert Byrne		05	Feb 200	2
City and State (or Foreign Country) of	f Residence: France	_ Citizen	ship:	France	<u>I</u> reland
Post Office and Residence Address:	Chateau de la Martellière,	Voi	ron 38	8500	
	(Include number, street name, city, state a	nd zip co	de)		